

Subcontractor Qualification Form

Company: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Corporation ___ Partnership ___ Sole Proprietor ___ E-mail: _____

Federal Tax ID #: _____ Years in Business: _____

Contractors License #: _____ Exp. Date: _____

Chief Financial Contact: _____

Bank Name & Branch: _____

Does your firm use temporary labor? _____ WBE or MBE? _____

Has the company ever received a Notice of Tax Lien or Levy? (Y/N) _____ If Yes, what year? _____

If yes, explain _____ Has the lien been satisfied (Y/N) _____

Number of employees: _____ Union Affiliation: _____

Owners: _____

Name	Title
_____	_____
Name	Title
_____	_____

Type of Work Performed: Division #: _____ Trade: _____

Division #: _____ Trade: _____

Annual Revenue for Past Three Years:

Current Year 20__	Previous year 20__	Previous year 20__

Desired Job Size: Minimum: _____ Maximum: _____

Largest Job Completed to Date (Name and Value) _____

References:

Contractor References:

- | | | | |
|----|---------|------------|-----------------------------|
| 1. | Project | Contractor | Contact Name & Phone Number |
| 2. | Project | Contractor | Contact Name & Phone Number |
| 3. | Project | Contractor | Contact Name & Phone Number |



